

**HIGH & MIGHTY™**  
THERAPEUTIC RIDING AND DRIVING CENTER INC.  
501 (c)(3)

## Participant Application

Date: \_\_\_\_\_

**Participant Name:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Participant's Employer/School: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact: Phone call (H/W/C) \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method of contact: Phone call (H/W/C) \_\_\_\_\_ Text \_\_\_\_\_ Email \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Caregiver/Respite Worker:** \_\_\_\_\_

Phone: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Who should we contact for billing? \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

# HEALTH HISTORY

(To be completed by the Participant/Parent/Guardian)

Diagnosis: \_\_\_\_\_ Date of Onset \_\_\_\_\_

Please indicate current or past special needs in the following areas:

	Y	N	<i>Comments</i>
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

Please share with us any additional information (i.e. physical and/or psychosocial development, etc.) that would assist us in better serving you or your child.

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This page is to be filled out by the participant/parent/guardian. This information will help the participant have a successful experience as well as help us to facilitate progress. **If not filled out and signed, this application is considered incomplete.**

GOALS FOR YOURSELF OR YOUR CHILD

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MEDICATIONS (Include prescription, over-the-counter, name, dose and frequency):

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*Please describe your abilities/challenges in the following areas (include assistance/equipment needed):*

PHYSICAL FUNCTION (e.g., mobility skills such as walking, wheelchair use, etc.):

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SOCIAL AND PSYCHOLOGICAL FUNCTION (e.g., relationships/family dynamic, hobbies/interests, fears/concerns, etc.)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LIABILITY RELEASE -- REQUIRED**

\_\_\_\_\_ (Participant's Name) would like to participate in the HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. therapeutic riding program ("Program"). I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I believe that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and my assigns, executors, and administrators, waive and release forever all claims for damages against HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., its Managing Member, Members, Instructors, Therapists, Aides, Volunteers, Employees and/or any farms, stables, clubs and their respective officers, directors, employees, agents, landowners and members for any and all injuries and/or losses I/my child/my ward may sustain while participating in the Program from whatever cause, including but not limited to, the negligence of these released parties. This hold harmless agreement shall extend to all activities engaged in, including but not limited to, equine-assisted therapy and horseback riding.

**I have read and understood the foregoing and fully consent to the provisions contained herein:**

**Dated:** \_\_\_\_\_

**Signature or Signature of parent/legal guardian/conservator of Participant in his/her/their name**

**REQUIRED if Participant is under 18**

**\*Required witness signature** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Print Witness Name** \_\_\_\_\_

**\*Witness must be a non-family member over 18 years of age**

**PHOTO RELEASE**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. permission to take or have taken still and moving photographs and films including television pictures of my child/self, \_\_\_\_\_, and consents and authorizes HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., its advertising agencies, news media, and any other persons interested in HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. and its work, to use and reproduce the photographs, film and pictures to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional material, books and clinical material and any other form of media, including High & Mighty's website, facebook and Instagram page.

With respect to the foregoing matters, no inducements or promises have been made to me/us to secure my/our signatures(s) to this release other than the intention of HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. and its work.

\_\_\_\_\_ **I hereby consent to and authorize** \_\_\_\_\_ **I do not consent to, nor do I authorize**

**Dated:** \_\_\_\_\_

**Signature or Signature of parent/legal guardian/conservator of Participant in his/her/their name**

**REQUIRED if Participant is under 18**

**\*Required witness signature** \_\_\_\_\_ **Dated:** \_\_\_\_\_

**Print Witness Name** \_\_\_\_\_

**\*Witness must be a non-family member over 18 years of age**

## **Authorization For Emergency Medical Treatment**

Participant Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_  
Allergies to Medications: \_\_\_\_\_  
Current Medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of High & Mighty Therapeutic Riding and Driving Center, Inc., I authorize High and Mighty Therapeutic Riding and Driving Center, Inc. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

### **Consent Plan**

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Signature of parent/legal guardian/conservator of Participant in his/her/their Name. REQUIRED if participant is under 18.

### **Non Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of High & Mighty Therapeutic Riding and Driving Center, Inc..

Parent of Legal guardian will remain on site at all times during equine assisted activities. In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Signature of parent/legal guardian/conservator of Participant in his/her/their Name. REQUIRED if participant is under 18.

## Team Collaboration Form

**Participant Name:** \_\_\_\_\_

**Name of Primary Care Physician:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant receives the following collaborative services:

\_\_\_\_\_ Physical Therapist (PT) \_\_\_\_\_ Recreational Therapist (RT)

\_\_\_\_\_ Occupational Therapist (OT) \_\_\_\_\_ Music Therapist (MT)

\_\_\_\_\_ Speech and Language Therapist (SLT) \_\_\_\_\_ Art Therapist (AT)

\_\_\_\_\_ Psycho-therapist or counselor (Psy./Coun.) \_\_\_\_\_ Other \_\_\_\_\_

For all services checked above, please complete contact information: (use reverse side if needed)

**Service:** \_\_\_\_\_ **Name of provider:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Service:** \_\_\_\_\_ **Name of provider:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Service:** \_\_\_\_\_ **Name of provider:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Service:** \_\_\_\_\_ **Name of provider:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

I give High & Mighty Therapeutic Riding and Driving Inc. permission to contact the collaborative service providers listed above to obtain information that could assist the therapeutic riding instructors in providing quality services to the participant. This includes obtaining a copy of the participant's IEP or ISP. High & Mighty will keep this information confidential.

\_\_\_\_\_  
**Signature or Signature of parent/legal guardian/conservator  
of Participant in his/her/their name**

\_\_\_\_\_  
**Date**

## **Billing and Refund Policies**

### **Billing Policy:**

- All participants will be billed for the entirety of the session prior to the start of the session. Payment in full is required at the time the bill is presented to reserve your slot.
  - If payment in full is not financially feasible, please email [bookkeeper@high-n-mighty.org](mailto:bookkeeper@high-n-mighty.org) to make other arrangements.
  - Billing exceptions will be made for those who are reimbursed through third- party programming (Self Direction, COARC, Yedei, etc.).
- Regardless of your billing structure, payment is expected prior to or at the time services are rendered.

### **Refund Policy:**

- We are unable to refund payment for absences. Your payment is considered a reservation for your place in the session.
  - We understand that life can be unexpected, however, considerable time and effort is required to organize and schedule participants, instructors, volunteers, and horse availability.
  - Refunds may be considered for extenuating circumstances and are at the discretion of the Executive Director/Program Coordinator.

## **Attendance Policies**

### **Makeup Policy:**

- Each participant is allowed one excused absence per session. The makeup for this absence will be fulfilled during the built-in makeup week at the end of each session at the participant's regular day/time slot.
  - We are not able to offer additional makeup lessons.
- Participants who complete the session with perfect attendance are welcome to attend the makeup week as a bonus lesson free of charge.

### **Cancellation Policies:**

- *Participant Cancellation Policy:*
  - High & Mighty instructors shall be notified 24 hours in advance if a participant is unable to attend a scheduled lesson. This allows us time to notify volunteers and make the appropriate adjustments to the schedule.
  - Each participant is allowed one excused absence per session, which will be made up during the makeup week. See our Makeup Policy for more information.
- *High & Mighty Cancellation Policy:*
  - High & Mighty may decide on short notice that it is unsafe to hold a scheduled program for participants, volunteers, and/or horses. If this occurs, an instructor will notify participants/parents/guardians as soon as the decision has been made to cancel the program.
    - There may be circumstances where mounted lessons would be unsafe, but unmounted lessons would be appropriate. We encourage all participants to take advantage of unmounted lessons in these instances.
  - If High & Mighty must cancel lessons for any reason, a credit will be applied to the affected participant's account for the canceled lesson. This will roll over into the following session.

**I have read, understand and agree to the above policies:**

\_\_\_\_\_ **Print Name**

\_\_\_\_\_ **Participant Signature or  
Signature of Parent/Legal guardian/Conservator of  
Participant in their name**

**Date:** \_\_\_\_\_

# High & Mighty Participant and Visitor Policies

(Please sign this copy and return)

**At High & Mighty the safety of our participants, staff, horses and all others who visit the farm is our number one priority. Please carefully review the following guidelines as they help to maintain safety during all High & Mighty activities.**

- There is absolutely no smoking on the farm premises.
- The speed limit on High & Mighty property is 5 mph.
- Please walk when in the barn or on the farm premises.
- Please use appropriate voices and avoid sudden movements, particularly near the horses.
- Do not approach or feed any animals unless accompanied by a High & Mighty instructor or a representative who has been given explicit permission from a High & Mighty staff member.
- There is no chewing gum on farm premises.
- All participants are required to wear a current ASTM-SEI approved helmet for all riding, driving and barn activities.
- All participants are required to wear closed toed shoes, long pants and shirts with sleeves (no tank tops) for Program activities.
- Visitors wearing open toed shoes may not be allowed into the barn when Program activities are occurring.
- Instructors must be informed of any changes in the participant's medical condition, medication regimen, hospitalizations and/or experiences that might affect the participant's behavior, safety or function while at the barn/on the premises prior to the lesson.
- Instructors must be informed if the parent/guardian will not be staying on the property for the participant's lesson. Leaving the property may not be possible in some situations.
- Lesson cancellations must be within 24 hours of the scheduled lesson, otherwise the lesson will be charged as usual.
- Visitors are required to remain outside the activity areas (arena, trails, barn, etc.) at all times unless given explicit permission. Please wait in the designated viewing and observation areas while Program activities are occurring.
- Ask permission from the instructor to take photographs during Program activities or while on the farm premises.
- Please be mindful of all signage on the farm premises.
- Use of drugs or alcohol is not permitted.
- In the event of an emergency, please follow the directions of the High & Mighty instructor or other High & Mighty staff member.
- All persons on High & Mighty property are required to abide by our anti-harassment and discrimination policy. A copy of this policy is on our website or can be provided in print upon request.
- Demonstration of inappropriate behavior and/or abusive behavior toward others, human or animal, while on the farm premises will not be tolerated and may result in dismissal from the Program.
- Failure to follow the above High & Mighty Participant and Visitor policies is taken very seriously and in some cases may be grounds for dismissal.

**Thank you so much for your assistance in keeping High & Mighty safe. Please sign below to indicate that you have read and agree to adhere to the basic rules and procedures outlined above.**

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Participant Signature or**

**Signature of parent/legal guardian/conservator of Participant in his/her name**



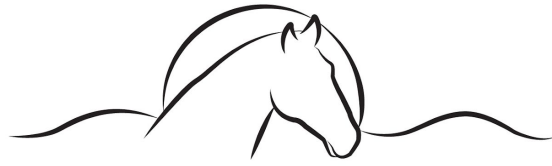
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**Thank you so much for your assistance in keeping High & Mighty safe. Please keep this copy of our policies for your reference.**



**HIGH & MIGHTY™**  
THERAPEUTIC RIDING AND DRIVING CENTER INC.  
501 (c)(3)

Date: \_\_\_\_\_

Dear Health Care Provider:

In order to safely provide equine-assisted activities, our center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to equine activities. Therefore, **when completing this form**, please note whether these conditions are present, and to what degree.

**Orthopedic**

Atlantoaxial Instability- include neurologic symptoms  
Coxarthrititis  
Cranial deficits  
Heterotopic Ossification/Myositis Ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Joint Fusion/Fixation  
Spinal Joint Instability/Abnormalities

**Neurologic**

Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari II Malformation/  
Tethered cord/Hydromyelia

**Other**

Age-under 4 years  
Indwelling Catheters/Medical Equipment  
Medications- e.g., photosensitivity  
Poor Endurance  
Skin Breakdown

**Medical/Psychological**

Allergies  
Animal Abuse  
Cardiac Condition  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to Self or Others  
Exacerbations of Medical Conditions  
Fire Setting  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in equine assisted activities, please feel free to contact Laura Corsun at High & Mighty Therapeutic Riding and Driving Center, Inc. at 518-672-4202 / [info@high-n-mighty.org](mailto:info@high-n-mighty.org)

## Participant's Medical History & Physician's Statement

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: Y \_\_\_ N \_\_\_ Date of last seizure: \_\_\_\_\_

Shunt Present: Y \_\_\_ N \_\_\_ Date of last revision: \_\_\_\_\_

Special Precautions/Needs \_\_\_\_\_

Mobility: Independent Ambulation Y \_\_\_ N \_\_\_ Assisted Ambulation Y \_\_\_ N \_\_\_ Wheelchair Y \_\_\_ N \_\_\_

Braces/Assistive Devices: \_\_\_\_\_

*For those with Down Syndrome:* Neurologic Symptoms of Atlantoaxial Instability: Present \_\_\_ Absent \_\_\_

**Please indicate current or past special needs in the following systems/areas, including surgeries:**

	Y	N	Comments
<b>Auditory</b>			
<b>Visual</b>			
<b>Tactile Sensation</b>			
<b>Speech</b>			
<b>Cardiac</b>			
<b>Circulatory</b>			
<b>Integumentary/Skin</b>			
<b>Immunity</b>			
<b>Pulmonary</b>			
<b>Neurologic</b>			
<b>Muscular</b>			
<b>Balance</b>			
<b>Orthopedic</b>			
<b>Allergies</b>			
<b>Learning Disability</b>			
<b>Cognitive</b>			
<b>Emotional/Psychological</b>			
<b>Pain</b>			
<b>Other</b>			

In my opinion, this person is not medically precluded from participating in supervised equine activities. I understand that High & Mighty Therapeutic Riding and Driving Inc. will compare the above diagnosis and medical information to the current precautions and contraindications.

Name/Title: \_\_\_\_\_ MD DO NP PA Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ License UPIN Number \_\_\_\_\_